

the way to the development of that disease, which, without the accident of pneumonia, might never have made its appearance.

The patient is on the use of muriate of ammonia and wild cherry

CASE OF DYSENTERY.

This man has been in the hospital for a week. His physiognomy is characteristic of dysentery, the nose is sharp, the cheeks flushed. The discharges have been exceedingly frequent, as many as thirty in the twenty-four hours; they are small, consisting of blood and mucous. He is beginning to improve, has had five passages since last evening at six o'clock, had less pain, and rested better.

He was put on the use of the oleaginous mixture and laudanum, with no appearance of fecal stools for several days. He is now taking the mild chloride of mercury, one-fourth of a grain, with three grains of Dover's powder every third hour. The discharges have begun to look a little more yellow and natural. This is the condition which it is aimed to effect in these cases.

The patient has something of a malarious look. It is often difficult to distinguish between the malarial physiognomy and that produced by dysenteric trouble.

May 15th. The patient looks and feels better. Moved five times since yesterday morning. The remedies employed have produced a better action of the liver, which was congested, and relieved the embarrassed portal circulation. He took the calomel and Dover's powder for two and a half days. Then, the stools becoming more bilious and less frequent, the mercurial was withdrawn, and he is now taking Dover's powder alone.

His tongue has cleaned very much and has lost the very red look it had. In this affection, after the bilious coating or fire has disappeared, it leaves the tongue of a red, angry, glassy look, which condition becomes an index of the state of the mucous lining of the bowels.

He is on the use of farinaceous diet, which is a matter of a great deal of importance in dysenteric affections. Indeed, when the attack is not exceedingly severe, dietetic considerations are of more value than medicine itself.—*Med. & Surg. Reporter.*

IN-GROWING TOE-NAIL.

This painful affection is often a source of great worry to the medical attendant, as it is always a misery to the unfortunate patient. Our readers will be glad to know what kind of treatment is found best in the large experience of our metropolitan hospitals. We are pleased, therefore, to have the opportunity of laying before them notes upon the subject from five well-known hospital surgeons, whose opinions will be read with interest and instruction.

KING'S COLLEGE HOSPITAL.

In slight cases of in-growing toe-nail—an affection which in the great majority of instances has its seat in the great toe only, and is caused by the lateral compression of the toe by the boot—Mr. Wood scrapes down the nail on the affected side until it is thin and yielding, like paper. The thickened skin overlapping the nail is then pared off with a sharp thin-bladed knife until it is close down to the

raw, but not so far as to draw blood. A pointed stick of the nitrate of silver is then applied lightly to the painful ulcerated chink, and a small piece of lint, rolled up so as to fit into the groove of the nail, is dipped into glycerine and applied by means of a thin strip of adhesive plaster or small india-rubber band.

In cases where the mischief is the result of hypertrophy of the thick skin forming the lateral margin of the groove, and without any deformity in the shape or thickness of the nail itself, Mr. Wood pares off the skin, under ether spray, to a level with the nail, and then applies the pressure as before by means of a small roll of lint. If the toe-nail itself be broad, distorted irregular, and bent laterally by the pressure, the best plan is to remove a triangular portion of the nail itself in the middle line, the angle reaching down to the centre of the nail. This allows the nail to fold up and accommodate itself without digging in at the edges.

But if there be much ulceration, irritation, and distorted growth at the matrix of the nail itself—which, in long continued cases, and in scrofulous or syphilitic conditions of the system, is sure, sooner or later, to ensue,—the only plan from which effective relief can be obtained is by the time-honoured but excruciating process of division into the quick, down the nail itself at the inner third, and evulsion of the affected part of the lunula from the matrix. In doing so, it is important to get all that part of the root away entire, as a small portion growing up with an irregular angle will cause a speedy return of the disease. In all cases it is important also so to regulate and ease the boot, during the renovation of the nail, that the skin should not again overlap and be forced down again upon the edge, which always, induces a return of the disease.

ST. MARY'S HOSPITAL.

Mr. Norton never performs any operation in the treatment of in-growing nails. He applies, in the following manner, a solution of liquor potassæ (two drachms to one ounce). A piece of cotton-wool is saturated with the solution and pressed gently down between the upper surface of the nail and the soft tissues, which latter are usually in the form of a fungous mass of granulations. The solution permeates the substance of the nail, and softens and pulpifies the superficial cells. The wool is kept constantly moist with the lotion, and the softened nail tissue is wiped away each morning. The nail in a few days becomes thin and flexible, and if desired can now be pared away without pain, or it may be allowed to remain a few days longer, when it becomes entirely removed by the solution. Mr. Norton considers it most essential in the treatment that the lotion be continued until all ulceration has disappeared, otherwise the too early hardening of the epithelium becomes again a source of irritation, and promotes a return of the disease, or rather prevents a cure from being effected.

Of the several cases treated by this method during the past two years, one of whom suffered from in-growing nails on both great and both second toes, not one patient has returned to the hospital, and therefore, Mr. Norton believes that in no case has there been a recurrence of the affection.

ST. THOMAS'S HOSPITAL.

Mr. Croft finds that, commonly, patients suffering from this disease do not come under his notice until